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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/462,909 04/15/2003  
 and claims benefit of 60/474,546 05/30/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none* *ATTB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>ATTB</i> Initials <i>ATTB</i>	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 11
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ADDRESS  
 28120  
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 ONE INTERNATIONAL PLACE  
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TITLE  
 Methods and compositions for enhancing neuron growth and survival

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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